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LECTURES.

The Relative Frequency of Disease between the Right and Left Sides of the Heart; Degeneration of the Heart; its Causes and Means of Avoidance. By CORNELIUS BLACK, M.D. (Concluded from p. 110.)

The Treatment of the Different Forms of Heart Disease already considered.

I HAVE said that mitral and tricuspid incompetency, with hypertrophy, may exist for years without appearing to become at all worse. During this period, however, slight disturbances are apt to arise and to threaten the establishment of the secondary consequences of regurgitation. The heart's action, from some inappreciable cause, is more abrupt and more troublesome than usual in the sensations which it excites; the feet are slightly œdematous; and the breathing, a little short, becomes sensibly shorter on exertion. The patient does not consider himself materially wrong; but he feels that the action of his heart is a little more evident to him than usual, that his breathing is somewhat shorter than it was wont to be, and that he cannot in consequence walk quite so well as formerly. In no other respect is he altered. Still, his present condition is sufficiently subjective to induce him to place himself in the hands of his medical attendant.

Now, this condition is generally soon relieved by a combination of sulphate of magnesia, digitalis, and a vegetable tonic,

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together with small doses of gray powder. The digitalis first regulates the movements of the heart, and afterwards acts the part of a diuretic; the aperient gently unloads the venous capillaries of the abdominal organs and lower extremities; and the tonic maintains the tone of the body by keeping up the appetite for food. As soon as the bowels have acted a few times, the kidneys increase—sometimes greatly—their secretion; and in a few days all puffiness of the feet, all unusual trouble of the breathing, all disturbed action of the heart, are gone. Here it is not necessary to produce a sudden and powerful impression upon the system. It is sufficient to produce the desired impression by more gentle means. This will generally be effected by doses of half a drachm of sulphate of magnesia, five drops of tincture of digitalis, half an ounce of infusion of quassia, twenty drops or minims of tincture of henbane, and an ounce of cinnamon or peppermint water, taken three or four times a day. These quantities must, of course, be either increased or diminished according to the effect produced. If two, or at the most three, liquid evacuations from the bowels be thus produced in twenty-four hours, the desired object will soon be attained. During this time the patient must be sustained by a good, plain, nourishing diet. His strength must not be allowed to go down; nor will it do so, if only two or three liquid evacuations be obtained in twenty-four hours, and food of proper kind and quantity be taken. Instead of feeling depressed by each alvine evacution, the patient will feel himself relieved; and, instead of losing strength, he will daily increase in strength from the effects of the remedies employed.

In some instances of this kind, a somewhat faded hue of the lips and a more than usual pallor of the countenance indicate deterioration of the blood in a reduction of the natural quantity of the red globules. This state is rectified by adding to the mixture already advised the sulphate of iron in half-grain doses in the first instance, and in doses of from this quantity to two grains after several liquid evacuations have been produced. To begin with iron in even one-grain doses without having first unloaded the vessels of the digestive organs is, very frequently, to produce headache, nausea, loss of appetite, thirst, and more or less excitement in the general system. Given, however, under the restrictions named, it will produce no such untoward results; and its use may then be continued until the blood has reacquired its proportionate quantity of red globules, as indicated by the return of the natural colour to the lips and of the accustomed hue to the skin.

In degeneration of the heart's structures a depressing plan of treatment must never be adopted. Medicine, diet, and regimen must have for their object to support the strength, to arrest degeneration, and to prevent sudden death. When the heart's action is too feeble, the contractile power must be increased; when too slow, it must be quickened. Small doses of strychnia, with nitric acid, are the best calculated to effect the former object; ammonia, with a bitter, the latter.

In both degenerations which have been considered, there is an excess of carbon in the blood and tissues. More oxygen is therefore required, to combine with the carbon, and to convey it beyond the precincts of the vital force. So far, then, as oxygen can be introduced into the system by more medicinal agents, it should be done. This reason counsels the exhibition of those chemical agents which have the highest combining proportion of oxygen. Nitric acid, nitrate, chlorate, and permanganate of potash, stand at the head of this group. Used in conjunction with vegetable tonics, they will effect all the good which may be expected from agents of this class. If the blood has undergone any other change, it should be ascertained in what that change consists; and the proper remedy ought, if practicable, to be applied. If there is a deficiency of red globules, iron must be given; and of the preparations of this mineral the pernitrate and the persulphate will, from their large proportion of oxygen, be the best. To insure

their toleration by the stomach they ought *at first* to be given in small doses, and always immediately after food.

The same principle which governs the exhibition of medicinal agents must be applied to the food and drinks. The food should be chiefly animal—lean meat, fish, game, poultry, eggs, cheese, with a moderate use of those productions of the vegetable kingdom which contain the greatest amount of vegetable albumen, as peas, beans, maccaroni, and gluten bread.

To the question as to the use of alcoholic drinks, the chemical views that liberate the elements of alcohol in the blood, that recombine its carbon in the form of fat, or unite it with the free oxygen of the blood to the prejudice of the due oxygenation of the tissues, need not be rigidly applied. A stimulus of this kind is necessary when the patient manifests a frequent tendency to syncope, when the heart's action is very feeble, and when the extremities are usually cold. In such a case it is better to use it in small quantity, at stated intervals, than to fly to it in an emergency only, when danger threatens. The former plan is calculated to ward off sudden death—the latter may be too late to avert that catastrophe. The proper times for the exhibition of the stimulus are the intervals between meals. Given at half distance between the times of taking food, the efficacy of the stimulus will begin to be felt when the natural stimulus of the previous meal is just passing away, and the gentle stimulation thus produced will be maintained until the time for the taking of the next meal comes round. In this way the system would never be allowed to flag, the heart's action would be maintained with regular force, and the circulation through the brain would be so effectively sustained as to lessen considerably the prospect of a fatal collapse of its vessels. In this way, too, the system would never be too greatly stimulated at once, nor would the heart be urged to efforts beyond its natural power. Two or three teaspoonfuls of brandy, an ounce of wine, or four ounces of bitter ale, will be amply sufficient at one time to effect the object in view. More than this might impart too great a stimulus—less than this would scarcely maintain the feeble efforts of a degenerated heart.

To guard against the occurrence of sudden death, it must never be forgotten that, in rising from the recumbent to the erect position, the heart is suddenly required to throw the blood against the force of gravity to the brain. A heart whose muscular fibres have undergone more or less degeneration either from the influence of defective ventilation, as in the carbonized heart, or from the cause which determines the conversion of their sarcous element into fat, may be equal, and only just equal, to effect the circulation through the distant parts of the body under the ordinary stimulus of the waking condition. In this condition the whole nervous system is fully alive to the duty which it has to perform; the innervation of the heart is in consequence as great as its degenerated structures will permit it to receive, whilst the power of that organ is, for the same reason, as effective as the particular circumstances of its disease will allow. In this state, with all the stimulus and power imparted to it by the waking condition, it is just able to carry on the circulation and to maintain life. Alter this state, reduce the innervation and power of the heart by the lethargy of sleep, and in what condition do we then find the heart? The lethargy of sleep does not vanish like a shadow from the nervous system immediately after waking. Some short time must elapse before the body can resume the full activity of life, before the nervous system can rouse itself afresh, before it can impart fresh vigour and energy to the heart. As the body lies, the heart, even in its as yet depressed condition, can readily effect the cerebral circulation, because its action is not opposed by the force of gravity. It contracts as the body rests in the recumbent posture, and the blood flows with ease and freedom to the brain. There is no ascent to be climbed, no force of gravity opposing the onward stream of blood from the left ventricle. That, however, which the heart now

accomplishes with ease is much more difficult of accomplishment when the ventricular force is opposed by that of gravity. This very condition may make all the difference between perfect safety in the recumbent posture and the greatest danger of sudden death on rising to the erect position. When, therefore, the change from one to the other is made, the body should be in its greatest vigour, the nervous system in lively activity, the heart in its fittest mood and power to act. For these reasons, a patient who has a degenerated heart ought never to rise from the recumbent position immediately on waking. Where the degeneration is considerable, there is the greatest danger in doing so. What, then, is the safeguard, what the precaution to be adopted? It is this. *The recumbent position should be continued for some time after waking; the body should either be refreshed and invigorated by the natural stimulus of food, or it should be roused by some other stimulus, before the erect position is assumed.* The observance of this precaution will save many lives, its disregard will pay the penalty of death.

The most important element, however, in the treatment of these degenerations of the heart is that of the condition of the air breathed. A full supply of oxygen must be had; an absence of carbonic acid from the air respired must be ensured. The open air and perfectly ventilated apartments are essentials for the fulfilment of these conditions. A degenerated heart is not equal to much physical exertion. Exercise on foot should be taken with caution; exercise in a carriage may be taken with more freedom. The former must never be carried to fatigue, nor the latter by long continuance to weariness. Within the strength of the patient, gestation in the open air, at proper seasons, should nevertheless be practised to the fullest extent.

To secure the necessary supply of pure air within doors, ample space and perfect ventilation are indispensable. In the present construction of our dwellings these requisites are seldom indeed to be found. The eye may have been pleased, the pocket considered, but health has scarcely received a passing thought in the question of these erections. Architecture has much to undo, much to learn, before it can satisfy the simple laws of nature. In ignorance of these laws houses are built, stately edifices erected, and no thought or care is taken to render the air within as pure as the air without. It is, nevertheless, easy to accomplish this desideratum; but blind, unyielding ignorance chains death in every room.

No system of ventilation can be perfect which does not provide for a constant inflow into our rooms of an ample supply of fresh, pure air without draught, and for an equal outflow of the air already breathed and of the carbonic acid generated by respiration and by combustion. If these provisions do not exist, carbonic acid accumulates in the air of occupied apartments, and renders it at length poisonous to life. When rooms are felt to be oppressive, hot, and stifling, the too ready practice is to throw open the windows, under the belief that complete ventilation will thus be accomplished. False reasoning! Delusive error! No sooner are the windows opened than in rushes a volume of cold air, driving the heated air and carbonic acid before it through open inner doors into other apartments, and often forcing them up the well of the staircase into chambers above, in which the carbonic acid, as it cools, descends upon any occupants therein, and passes at each inspiration into their lungs. It is an error to suppose that carbonic acid, by reason of its greater specific gravity than common air, *always* seeks the ground. It, on the contrary, is rarified by heat and ascends to the ceiling of the room, from which it gradually descends as it cools, and is thus brought to the level of the breath-draught of the occupants. When the ceiling of a room is low-pitched, with the doors closed, and gas and fire burning, the carbonic acid generated floats for a short time above the breathing-level of the occupants; but as it passes from the more heated parts of the room to those whose temperature is lower, it cools, descends, and very quickly comes within the respi-

ratory grasp. It is manifest that the true principle of ventilation must insure the escape of this poisonous air at the highest level of the room, or at least at a height which is above the breathing-level of every individual. To effect this object, the inflowing air ought to be admitted at the same level, where its increased density and velocity will enable it to drive the foul, heated air before it to the outlet, through which it will escape into the great ocean of atmosphere without. Now, the admission of fresh air at this level will be productive of another important advantage; for, as the air distributes itself and descends, it will become gradually warmed, and, when it comes into contact with the living body, it will neither produce the sensation of cold nor will it excite the sensibility of the most delicate heart or lungs.

By proper calculation as to the quantity of oxygen which will be consumed and of carbonic acid which will be generated by the respiration of a given number of persons, by gas-jets, and by fire, the admission of fresh air into a room may be so regulated and proportioned that the oxygen of this included air shall not undergo any sensible diminution, and that the removal of the pre-breathed air shall be effected as rapidly as it escapes from the lungs.

An atmosphere thus changed and thus purified is an important element in the treatment of every form of heart disease. In the degenerations which I have been considering, it is especially necessary; because it offers the most efficient means of removing by its oxygen the carbon which has accumulated in the system as the consequence of defective ventilation, and of preventing, by complete oxidation, that partial conversion only of the muscular fibre of the heart which effects its transformation into fat.

Whenever there is manifested by a patient the disposition to exclude the fresh air, and to immure himself at all times in the pestiferous atmosphere of over-heated, ill-ventilated apartments, the desire must be opposed with an authority and an influence which belong only to a medical man. If the habit be allowed, the day of danger and retribution will inevitably follow.

The laws of nature are the laws of life. They are as immutable as their Great First Cause—as indestructible as matter itself. They may be violated, but not abrogated. They may be disregarded, but not defied. They punish in proportion to their violation. They protect in proportion to their observance. Infused by the Creator into His works, they control alike the animate and inanimate world. The former may challenge their power, but the latter ever offers submissive obedience. Thus it is that man disobeys their injunctions and pays the penalty of death; whilst the unconscious, soulless atom submits, and is subject only to its accustomed cycle of change.—*Lancet*, December 14, 1872.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Intra-mural Fibrous Tumour of the Uterus; Hypodermic Injections of Ergot.—Jane R.——, aged 28, married eight years, admitted into Queen's Hospital, Birmingham, under the care of Mr. John Clay, on July 3, 1872. Has had three children, the last four years ago. The forceps were used for the delivery, and a severe post-partum hemorrhage ensued. The infant being stillborn, nursing was not required; nevertheless, recovery from the confinement was tedious, and at one time thought somewhat doubtful. The menstrual periods since the last labour have occurred regularly, but always very profusely, the discharge being more or less mixed with coagula. Six weeks ago an unusually long and severe attack of hemorrhage occurred, from which she rallied with difficulty; and, as soon as she was able, sought admission into the hospital. She was then pale and emaciated, with great anxiety of countenance, and had all the external appearance of a person suffering from advanced malignant disease. There was, however, no pain; but the uterine discharge was profuse, of a dirty-white colour, and offensive.

On examination, the uterus was found

enlarged, and could be felt distinctly above the pubes. The os was patulous, sufficiently to admit the finger, and a firm, hard substance could be felt in the posterior wall of the uterus. There was marked fulness in the recto-vaginal culde-sac, which had all the signs of a retroflexion of the uterus. The sound on being introduced scarcely passed two inches, and did not influence the recto-vaginal fulness.

Tents and Barnes's dilators were introduced into the os and cervix uteri to facilitate the diagnosis, but produced little dilatation of these structures. The os uteri was then incised, and some additional space being thus gained for exploration, it was found that the tumour involved the fundus of the uterus, and thus precluded all idea of enucleating it which had been entertained.

Iron was administered, and a generous diet prescribed, and when her condition was somewhat improved, Mr. Clay determined to give a fair trial of hypodermic injections of ergot. Mr. Stokes Dewson, the resident dispenser, prepared a concentrated solution of ergot, three minims of which were equal to four grains of ergot, and this quantity was injected hypodermically in the hypogastric region daily. The injections caused at first great pain and redness of the skin; but after a few days the injections were well tolerated. At the end of three weeks she had severe pain in the back, headache, and other symptoms evincing that she was fully under the influence of the ergot. The menstrual periods occurred, and the injections were suspended, but there was a marked diminution of the sanguineous discharge. Upwards of a hundred injections had been given, and up to December last she had menstruated three times since the treatment was commenced, and on the last occasion the flow assumed the ordinary proportions. The uterus cannot now be felt above the pubes; the fulness in the posterior part of the uterus has sensibly diminished in size, and the os is fairly constricted. The measurement of the uterus is about the same. The leucorrheal discharge has ceased; her personal appearance has surprisingly improved, and she bears the treatment to which she has been subjected with cheerful resignation. The treatment is still continued.—*Lancet*, May 10, 1873.

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Case of Marjolin's Warty Ulcer.—Richard P———, aged 40, a labourer, was admitted November 25, 1872, into Dr. Stevens' Hospital, under the care of Dr. WILLIAM COLLES.

History.—When fifteen years of age he was in this hospital for a lupoid affection, which resulted in the destruction of the nasal cartilage, and great disfiguration of the face, the lower eyelid on the left side being drawn down by the contraction of the adjacent integument.

About fifteen years since he was again admitted, under Mr. Colles's care, for a severe burn of the left hand and arm. He recovered completely, had perfect motion in the limb, and no evidence remained of the injury save some unsightly cicatrices.

He continued in excellent health till about a year and a half ago, when he noticed a small, hard, kernel-like growth on the back of his left hand, between the ring and the little finger, and about an inch from the knuckles; it was accompanied by slight pain and uneasiness, but otherwise gave him little trouble. He applied to the medical officer of the district, who treated the affection with caustics of various kinds, but without apparent benefit, for after the lapse of six months the disease had spread considerably—a kind of warty growth, spreading over and engaging a considerable portion of the dorsal aspect of the hand, and attended with severe pain.

In this condition he again sought the shelter of the hospital where he had been relieved on two former occasions.

State on Admission.—He was greatly emaciated, slept but little, had lost his appetite, and had constant and racking pain in the limb, which was a most unsightly object. The fingers were contracted and drawn back, especially the little finger and the whole of the back of the hand, including the extensor tendons, was in a state of intense ulceration, the edges of the ulcer being raised and hard, and its surface covered with symmetrical rows of peculiar granulations which could

be separated with a probe, bleeding freely when touched, and discharging a most offensive sero-purulent matter in large quantities.

Notwithstanding the malignant aspect of the morbid surface (which presented all the appearance of epithelioma), there was no evidence whatever of glandular contamination. The limb was, however, hopelessly useless, and as the man's strength was rapidly declining, amputation was decided on. The patient having been thoroughly narcotized by means of Dr. Morgan's ether inhaler, Mr. Colles removed the forearm in its upper third by the modified circular operation.

The vessels were secured by torsion, the wound sponged with a solution of chloride of zinc, its edges brought together by carbolized catgut sutures, and the stump dressed with lint soaked in carbolized oil.

It is unnecessary to enter into the details of his convalescence; suffice it to say that he recovered without an unfavourable symptom, and left the hospital on January 11, 1873, with the wound completely healed.

Mr. Colles remarked that he believed the case to be a typical one of the warty ulcer described by Marjolin. There was a total absence of those nests of cells so characteristic of epithelioma. There was, however, extensive fatty infiltration of the bones of the carpus, metacarpus, and phalanges.

There are some features of importance in this case, viz. :—

1st. The great length of time which elapsed between the receipt of the burn and the ulceration of the cicatrix.

2d. That the lymphatic glands were not contaminated, or even sympathetically enlarged.

3d. That the disease was, in the first instance, entirely cutaneous, though subsequently the deeper structures yielded to its ravages; and that the singular fibrous granulations in parallel lines which characterize it are essentially superficial growths. To use the words of Marjolin himself, "*Ces vegetations paraissant naître du derme.*"

Dr. R. W. Smith, in his admirable treatise on this formidable affection, states that he believes it to be cancerous:—

1st. From its consisting of a new structure which is capable of converting the surrounding integument into similar tissue.

2d. From its power of contaminating the lymphatic glands, of which he quotes two instances.

3d. From its capability of returning in a distant part after the removal of the original disease.

He likewise remarks that the subsequent morbid changes are not much affected by the original lesion of the skin, as an ulcer has been found with equal frequency in the cicatrix after burns, scalds, lacerated wounds, and even floggings.—*Irish Hospital Gaz.*, July 1, 1873.

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Hemorrhage in the Fourth Cerebral Ventricle diagnosed during life.—This interesting case is recorded as follows in the last number of the *Gaz. Hebd. de Paris:* A man was brought into the wards of Dr. Lionville at the Hôtel Dieu. He presented symptoms of stertorous respiration; anæsthesia, with resolution of limbs; and difficulty of speech; and shortly after died in a state of collapse. On his being admitted, Dr. Lionville had noticed considerable distension of the bladder, had sounded him, examined the urine, and found 6.25 of glucose and 5 of albumen to 1000 parts of water, and he had put down the diagnosis as hemorrhage seated in the neighbourhood of the fourth ventricle, on account of polyuria, albuminuria, and glycosuria. The autopsy confirmed the diagnosis. In the protuberance below the fourth ventricle and above the calamus, which, physiologically, is the region which must be punctured for producing polyuria, albuminuria, and glycosuria, there existed a hemorrhagic spot seated on the right side.—*Lancet*, June 14, 1873.

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Foreign Body in the Bronchus with Obscure Symptoms.—On the morning of April 13th, a child, aged two years, was admitted into St. George's Hospital, who had just before swallowed a bit of tobacco-pipe stem. The child did not appear distressed, its voice seemed natural, and

there was no paroxysmal cough. Digital examination failed to detect any foreign body, and air entered both lungs. Next day the child's breathing was laboured, its diaphragm acting violently, and the intercostal spaces being drawn in at each inspiration; air entered both lungs freely, but everywhere the expiratory murmur was prolonged, and a peculiar thrill was present over the left lung. There was much mucous expectoration, but the colour of the child was good. On Tuesday, April 15th, Dr. Barclay examined the patient, and found the breathing sonorous, the voice natural, and both lungs filling at each inspiration. He inclined to the belief that a foreign body was present in the air passages. Mr. Pollock advocated tracheotomy should the symptoms increase, and proposed to perform it the following day unless they were modified. Late on Tuesday night, although the child's colour was good, the violent diaphragmatic inspiration was increasing, and the breathing becoming more laboured. Mr. Pick opened the trachea, passed a probe down, made every possible search, but detected no foreign body. The symptoms were not relieved by the operation. On Wednesday there was little or no difference in the child; warm applications were made to the chest, a tracheotomy tube kept in, and the surrounding air moistened with steam. Subsequently the child grew feebler, until it died on Tuesday, April 22d. The autopsy the following day revealed a piece of tobacco-pipe stem, about an inch in length, lodged in the commencement of the right bronchus, so that its upper end rested on the left side of the trachea, at a spot which was ulcerated. The lungs were in part congested and consolidated. Such an impaction fully explains the almost symmetrical respiratory sounds, and accounts for the forced inspiration, whilst it shows the possibility of a probe passing into, but not detecting a foreign body at, the bifurcation of the trachea.—*Lancet*, June 14, 1873.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Treatment of Empyema by Permanent Openings in the Chest.—At a recent meeting of the Boston Society for Medical Observation, Dr. JOHN G. BLAKE reported (*Bost. Med. and Surg. Journ.*, June 5, 1873) four cases, illustrating the good results attending this mode of treatment of empyema; and in the discussion which followed, Dr. H. I. BOWDITCH stated that he highly approved of Dr. Blake's fearless method of operating in these cases. He thought it was wrong to allow a patient to cough up a secretion which could be allowed to escape so easily. Those cases where the matter is allowed to be expectorated are, as a rule, long and tedious. The operation, on the other hand, tends greatly to hasten convalescence, and, though his experience of incision has been small, Dr. Bowditch believed that it could be done with less danger to the patient than to allow him to continue coughing without making an opening. Dr. Bowditch would urge an incision just as we would open an abscess in the thigh. After using the aspirator on one or perhaps two occasions, in order to make sure of the existence of pus and of its tendency to reaccumulate, a free opening should be made, and no half-way measures in regard to the establishment of such openings should be adopted. In one case which he had seen, the very happiest results had followed a three-inch incision.

In cases of plurisy, there are occasional attacks of orthopnœa or dyspnœa, lasting perhaps fifteen minutes, which are followed by an interval of perfect relief. The dulness is found to extend only half-way up the chest, and the examiner thinks there is less fluid than really exists. In these cases sudden death from orthopnœa may at any moment occur, and therefore in all such cases an operation should be immediately performed by aspirator or incision.

Ecchymosis of the Eyeball as a Sign of Fracture of the Base of the Skull.—In an interesting clinical lecture on this subject,

Dr. R. M. Hodges (*Bost. Med. and Surg. Journ.*, April 17, 1873), after explaining, on anatomical grounds, the cause of the diversity of the position in which a traumatic extravasation of blood from the above cause may be observed, sums up his remarks in the following generalizations:—

1. That an effusion of blood beneath the integuments of the skull, if it does not gravitate backwards, often produces an ecchymosis in the cutaneous surface of the eyelids, but never of the conjunctiva of the lids or globe.

2. That a blow directly upon the eyeball may give rise to an ecchymosis of the conjunctiva, both of the globe and lids.

3. That when fracture of the base of the skull is indicated by ecchymosis, this ecchymosis appears first beneath the conjunctiva of the globe, then beneath the palpebral conjunctiva, and only subsequently in the integument of the eyelids, if at all.

4. That when the injury has been such as to make a fracture probable, external ecchymosis of the lower lid, and less frequently of the upper lid, is a significant symptom, only when it accompanies ecchymosis of the globe, or follows it, after an interval.

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A Caution in regard to the Unguentum Zinci Oxidi of the New U. S. Pharmacopœia.—Formerly the unguentum benzoini which forms the base of this ointment was prepared by boiling benzoin in lard. A small quantity only of the benzoin was in this way dissolved, sufficient however to obviate the rancidity of the lard. In consequence of the objections made to the mode of preparing it, that the resulting ointment was of a dirty-white colour, and deposited a portion of the benzoin when heated, it is directed in the new Pharmacopœia that the ointment shall be made by melting the lard with the tincture of benzoin. By this process it appears that a larger portion of the benzoin is incorporated in the lard, and the zinc ointment made with it becomes hence irritating. In a case in which we had occasion recently to prescribe anew some benzoated zinc ointment, we were surprised to find that it proved highly irritating instead of soothing, as formerly. We were hence led to examine the ointment, and its appearance was so different from that previously used that we inferred the apothecary had made some mistake in its preparation, but we were informed by him that it had been prepared according to the formula of the new U. S. Pharmacopœia.

We call attention to this because the use of the officinal ointment in the instance referred to caused great suffering, and if the experience of other practitioners should be in conformity with ours it will be prudent to abandon the new formula.

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Early Menstruation.—Dr. R. K. Clark records (*Boston Med. and Surg. Journ.*, June 19, 1873) a case of a child aged 6 years, who soon after completing her fifth year commenced to menstruate and has continued to do so regularly every 28 days. She is not precocious in any other respect, except her form, which is that of a girl of 15 or 16. An aunt of this girl is said to have begun to menstruate regularly at the age of six years.

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University of Pennsylvania; New Buildings.—The foundations for the central building and one pavilion of the new Hospital of the University have been laid, and the first floor joists are in position. The building will correspond in design and the material of which it is to be built with the one lately opened for the classical and scientific departments. It will front on Spruce Street, and extend from Thirty-fourth to Thirty-sixth Street. The whole plan comprises six pavilions and a central building, a corridor 13 feet wide extending along the entire front, a distance of about 680 feet. Each pavilion will be 55 by 200 feet, and will be complete in itself. Between each two of the pavilions there will be an open court yard, 75 feet wide, laid out in walks, flower beds, etc. In the basement of the main building there will be a lecture-room to accommodate two hundred students, a general kitchen, linen and splint rooms, sewing, and dining-rooms, and a scullery. In the kitchen, the food for the hospital will be cooked, and taken thence to the pavilions by rail-

roads and dumb-waiters. Each pavilion will also have a special kitchen for the cooking of special food for the patients. On the first story there will be rooms for the superintendent and matron, and a dining-room for resident physicians. In the front there will be an apothecary's room, clerk's office, board of managers' room, etc. An iron stairway will lead from the basement to the third story, and will be lighted from a skylight. The wide corridor, connecting the pavilions, will be studded with windows, which, when opened, will practically disconnect the several buildings. On the second story of the central building there will be private rooms for patients, bath-rooms, water-closets, resident physicians' rooms, and an amphitheatre, 66 feet in diameter, with seats for 700 students. The amphitheatre will extend to the third floor, and will be lighted by a skylight. The students will enter it from the third floor, the front part of which will be fitted up with small private chambers for patients. Between the central building and the pavilions, and between the pavilions themselves, there will be large verandas, opening from each floor, and overlooking the gardens in the rear.

The pavilions will be built from the same designs, and each basement will be divided into four rooms for surgical and four for medical dispensaries. Each will also contain a large waiting room for patients, a laboratory and a space, 50 by 93 feet, for special baths. On the first floor of each pavilion there will be small wards for the accommodation of 10 or 12 patients, and a rear ward for 32 patients. Attached thereto will be bath-rooms and water-closets at each end, a kitchen and dining-room, nurse's chamber, etc. etc. Stairways of slate, six feet wide, will connect the several floors, and the pavilions will be made as nearly as possible fireproof.

The second floor will have the same accommodations as the first, and in case of necessity the third floor may also be used. Thus each pavilion will accommodate, when completed, 84 patients, and 42 more may be put in the third story of each if necessary. The hospital will be heated with steam, but large fireplaces will be built in each ward. Patent ventilators are to be used, and every effort will be made to make the air perfectly pure at all times.

At present only the central building and one pavilion are to be built, and it is expected that they will be completed during the autumn of 1874. The central building and one pavilion will cost about $210,000, and thereafter each pavilion will cost $80,000. The pavilions will be built in lines running north and south, and the patients will therefore receive the full benefit of sunlight.

The new building for the Medical Department of the University has also been begun; it is to be completed in October, 1874, at an estimated cost of $152,000.

The new building will front on Thirty-sixth Street, between Spruce and Locust, and will have a front of 160 feet and a depth of 92 feet. The basement will be entered from the level of the surrounding ground, and will contain a working laboratory, 55 by 60 feet, an assembly-room, water-closets, etc. On the first floor there will be two large lecture-rooms, with space for apparatus, the one being used for the study of chemistry, the other of materia medica. This floor will also contain the janitor's and Dean's offices and private rooms, and above them (the ceiling of the lecture-rooms being very high) another set of chambers for the use of the professors. There will be a large stairway, supported by ornamental pillars, and lighted from a dome running from the basement to the roof. On the second floor there will be a general museum, 55 by 60 feet; Doctor Wood's museum, 30 by 33 feet; and an amphitheatre, 56 by 61 feet, with seats for six hundred students, and rooms for apparatus, etc., under the ascending seats. On this floor also there will be a library room, 31 by 47 feet, and rooms for the professors and the faculty room. On the third floor there will be a room for the study of operative surgery, 29 by 53 feet, two dissecting-rooms, one 29 by 95 feet, and the other 31 by 33 feet, also preparing rooms, a scullery, etc. The dissecting rooms and the one for the study of operative surgery will be lighted

by skylights, and the roof will be studded with ventilators.—*Public Ledger, Phila.*

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Jefferson Medical College.—Dr. JOSEPH PANCOAST has resigned the chair of Anatomy in this school, which he has filled for so many years with honor to himself and to the advantage of the institution.

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International Compliment.—Under this caption it is announced in the *Boston Med. and Surg. Journ.* (June 5, 1873), that Dr. Acland has been elected a member of the American Philosophical Society of *New York.* It is curious that our cotemporary, usually so well informed, should not know that the American Philosophical Society has its seat in Philadelphia. Its correct title is "The American Philosophical Society, held in Philadelphia, for the Promotion of useful Knowledge;" and the date of its foundation is the 25th May, 1743.

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Medical Department of the University of Pennsylvania.—The United States having purchased and taken possession of the old University Hall for the erection of public buildings, and the new Medical Hall in West Philadelphia not being ready for occupation, the Trustees have secured for the use of the Medical Department during the coming winter, the commodious and convenient edifice formerly occupied by the Pennsylvania Medical College, 250 South Ninth Street. All communications should be addressed to

ROBERT E. ROGERS, M.D.,
Dean of the Medical Faculty, University of Pennsylvania, 250 South Ninth Street, Philadelphia.

FOREIGN INTELLIGENCE.

Syphilitic Fever.—M. ALFRED FOURNIER, a sub-professor of the Faculty of Medicine, has begun a course of lectures at the Hôpital de Lourcine (the Paris Lock Hospital) on syphilis as it occurs in women (*Brit. Med. Journal*, June 14, 1873). One of his lectures deserves particular notice, as it treats of what M. Fournier designates as *fièrre syphilitique*—a subject but little known even among specialists, who are in the habit of looking upon the affection as entirely apyretic, or merely symptomatic of some disturbance in the economy more or less connected with the perturbation caused by the affection in question, and not a sequence of this latter. "Fièvre syphilitique," M. Fournier says, is a sort of essential fever of a specific character, and is intimately connected with, or the result of, the syphilitic diathesis. It presents itself in two different forms: it is sometimes purely symptomatic, and at others it assumes all the characters of an essential fever. The former is the less frequent, manifesting itself as an epiphenomenon of the syphilitic eruptions, and assuming the continued type, which, however, is of short duration. The essential form principally manifests itself on the appearance of the secondary symptoms; the nervous temperament seems to act as a predisposing cause; while, among the proximate causes, may be named the expectant or want of proper treatment; and in proof of this latter assertion, M. Fournier observed that, whenever syphilis was early and properly treated, the fever was generally *nil.* This essential fever sometimes assumes the intermittent, sometimes the continued type; it is irregular in its character, and occurs with or without paroxysms. It is, however, distinguishable from the same class of fevers of malarious origin by the following symptoms. In syphilitic intermittent fever, which is nearly of the quotidian form; the paroxysms recur at night; and it also differs from the malarious intermittent type by the absence of the cold and sweating stages, as well as by the absence of those complications generally met with in the ordinary intermittent fever; but the most characteristic feature is that the spleen remains unaffected, whether during or in the intervals of the paroxysms. The continued type of syphilitic fever is like the common continued, either of the simple or paroxysmal form. M. Fournier described also a third form of syphilitic fever, in which the symptoms are very irregular, and therefore cannot be classed with any of the above types. Sometimes the fever assumes an adynamic character, somewhat analogous to typhoid, to which M. Fournier has given

the name of "typhose syphilitique." The prognosis, however, of this latter, is not so unfavourable as the genuine typhoid, and the patients recover, first from the adynamic condition, then from the fever; but the syphilis runs its course as if nothing else had happened. Another distinguishing character of the syphilitic intermittent consists in its unamenability to the action of quinia, so efficacious in ordinary intermittent fever; and the only agent that seems to have some influence on the progress of the disease in question, is mercury, either alone, or combined with the iodide of potassium; but while its efficacy has been proved in the intermittent form of syphilitic fever, its action in the continued form is *nil*, or at least uncertain. M. Fournier administers the mercury internally, unless counterindicated by the state of the stomach or bowels, in which cases he replaces it by mercurial frictions. M. Fournier offers the above, not as a theoretical speculation, but as the result of clinical observations, taken for a series of years, and with the thermometer and sphygmograph in hand.

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Chloral as an Application in Fetid Ulcers.—MM. Dujardin-Beaumetz and Hirne communicated at a recent meeting of the Paris Medical Hospital Society the result of the investigations they have been making into the "Anti-Putrid and Anti-Fermentiscible Properties of Solutions of Hydrate of Chloral and their Therapeutical Applications." Their attention was first drawn to the subject by the remarkable success which attended the application of a solution of chloral diluted by 100 parts of water to a vast eschar of the buttocks which occurred during an attack of typhoid. Since then they have employed the solution in the treatment of various wounds in bad condition, and in suppuration occurring in closed cavities.

In the first part of their paper they related several experiments which they had performed in order to show that various substances which are very fermentable—as albumen, muscle, urine, milk, etc.—may have fermentation entirely prevented by placing them in solutions of chloral. Still, while it may be positively stated that chloral will prevent fermentation in a great number of substances (which for the most part contain albuminoid principiles), yet there are others upon which it exerts no such effect—as, for example, so fermentable a substance as the yeast of beer. As to the minimum quantity of chloral required for the manifestation of this property, the authors find that the lactic fermentation of milk is not arrested by $\frac{1}{1000}$ of chloral, while such arrest is very evident at $\frac{1}{100}$.

With respect to the therapeutical applications, the authors observe that the action of diluted chloral on wounds of a bad nature has been known for some time, Burggraeve having indicated it as one of the best applications. In Italy it has acquired a great reputation, and Dr. Francisco reports the great benefit he has derived from its use in a concentrated form (5 parts to 20) in inveterate ulcers. The authors have also employed it in numerous cases of gangrenous wounds and wounds of a bad character, but they have in the great majority of these confined themselves to solutions of $\frac{1}{50}$ or $\frac{1}{100}$. Several of these cases are published in the *Union Médicale* (May 27 and 29); and the authors believe themselves authorized to recommend the use of chloral under these circumstances. So, also, as it prevents decomposition of the urine, it may render great service in affections of the urinary organs.—*Med. Times and Gazette*, June 7, 1873.

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Treatment of Constipation.—Dr. Macario, of Nice, in a communication to the *Lyon Médical*, observes that in treating constipation most practitioners confine themselves to enemata, laxatives, or more or less irritating purgatives, which in point of fact rather aggravate than cure the affection. He therefore wishes to make known what he says may be truly termed a "heroic" remedy, which he has employed during twelve years with such constant success that he cannot but regard it as infallible.

Constipation, as every one knows, may may be produced either by intestinal excitement with deficiency of secretion (nervous constipation), or in consequence

of deficient contraction of the muscular coat of the intestine. Here it is produced by atony or intestinal indolence, which bad anti-hygienic habits have induced and keep up. The prolonged contact of the feces with the rectum blunts the sensibility of the mucous and muscular tissues, and the synergical contraction of the upper portions of the large intestine either does not take place or does so in an insufficient degree, constipation being the result. In *nervous* constipation the following pill should be given: Pure sulphate of iron ten centigrammes, socotrine aloes five centigrammes, atropia from one-third to one-half of a milligramme. In the *atonic* form, for atropia one centigramme of powder of nux vomica may be substituted. By the aid of these pills regular stools may be procured, even in the subjects of obstinate constipation due to ramollissement of the brain and chronic myelitis with paraplegia. Dr. Macario gives from one to three pills immediately after dinner, the object being to produce one easy, natural, non-diarrhœic evacuation. If more than this is effected, the dose is to be diminished, one or two pills sufficing in most cases. The use of these "anti-styptic" pills ought not to be continued indefinitely, a longer interval being allowed to elapse between their administration in proportion as the constipation diminishes, it being of importance to allow the organs to resume their spontaneous action without any auxiliary. If the constipation returns the pills can be again had recourse to.—*Med. Times and Gaz.*, June 21, 1873.

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Ergot of Rye in Relation to Retention of Urine.—In No. 23 of the *Centralblatt*, Dr. WERNICH calls attention to a physiological circumstance which should be borne in mind in the administration of the ergot of rye. It has long been remarked in the autopsies of persons dying after poisoning by this substance that the bladder is so constantly found distended that this must be regarded, not as an accidental circumstance, but as due to a causal connection. The explanation, indeed, is not difficult, as the action of ergot on the sphincter of the bladder has often been resorted to in therapeutics—*e. g.*, in enuresis, incontinence of the aged, paraplegia, etc. Moreover, in a numerous series of experiments performed with ergot for other purposes, the author found in numerous instances that although the bladder was emptied before the application of ergotin, yet very soon after this had been accomplished the organ was found enormously full. It is evident, therefore, that some other factor must have come into operation besides the spasmodic action of the sphincter excited by the ergot.

However, Dr. Wernich does not attempt the explanation of the phenomenon on this occasion, confining himself to the obstetrical point of view, and in this giving a useful practical hint. He refers to two cases in which ergot had been administered on account of cessation of pain, but in which effective pains seem to have been kept off by reason of a distended bladder; and he wishes accoucheurs to bear in mind not only that the condition of the bladder should be ascertained prior to any manipulation being undertaken, but also that when secale has been administered a long time without effect they should have recourse to the catheter. It is, he says, highly probable that a large portion of the instances of the failure of ergot is not due to the bad condition of the drug, or its erroneous employment, but to the obstruction to delivery caused by the coexisting distension of the bladder.—*Med. Times and Gazette*, June 14, 1873.

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Resina Copaibæ.—A notice of the use of the resina copaibæ in Dr. WILKS's wards at Guy's Hospital (see number of this Journal for May, 1873, p. 71) as a substitute for the simple copaiba, where a diuretic was required, has caused numerous inquiries as to the best mode of its administration. Dr. Wilks states (*Lancet*, June 21, 1873) that Mr. Gerrard, the dispenser at the hospital, advises the following formula: "Resin of copaiba, three drachms; rectified spirit, five drachms; spirit of chloroform, one drachm; mucilage of acacia, two ounces; water to make twelve ounces." An ounce (con-

taining fifteen grains) to be taken three times a day.

Dr. Wilks takes this opportunity of saying that he has received numerous communications acknowledging the superiority of the pure resin over the oleo-resin in the absence of odour, at the same time that the diuretic property remains. One patient, a medical man suffering from cardiac dropsy, and who had taken the ordinary remedies without much benefit, commenced the resin in the form of a pill, taking three pills, containing five grains of the resin in each, three times daily. Diuresis at once commenced, with a departure of all the fluid from the abdomen and legs.

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New Antidysenteric.—In the Vienna Exhibition are shown specimens of an "anti-dysenteric extract" prepared from the pods of the mangosteen (Garcinia mangostana), a well-known plant in the East Indies. The extract has been prepared by Herr Gruppe of Manilla, and has been used in a large number of cases in hospital and private practice. It is said to be a trustworthy remedy in dysentery and in chronic diarrhœa, as well as in catarrhal disorders of the uterus, bladder, and urethra, and generally in diseases for which astringents are indicated. It may be given in pills, or, especially to children, in the form of syrup.

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Death from Methylene Ether.—Mr. Lawson Tait reports (*Med. Times and Gaz.*, July 5, 1873) the case of S. S., aged 62, admitted to the Hospital for Women, for a large multilocular ovarian tumour. She was placed under the influence of methylene ether and took it readily and quietly; after five drachms had been administered she seemed so perfectly unconscious that in a few seconds the operation would have been begun. Suddenly she seemed to be coming out of the anæsthesia, the urine passed out of her bladder, and the eyes opened. Mr. Tait noticed the pupils to be extremely dilated, and the pulse suddenly ceased. Some efforts at respiration were made, and a spasmodic effort as if the patient was about to vomit. Respiration then ceasing, it was carried on by Sylvester's method. Strong ammonia was applied under the nostrils, and a strong stimulant enema given. Other means, as rubbing the chest with a brush, dashing cold water over it, etc., were tried unavailingly. It was evident to the acting staff, who were all present, that failure of the heart was the initial part of the process of death.

The post-mortem examination was made within twenty-four hours, and revealed nothing to account for death.

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Case of Ichthyosis.—Dr. E. Mapother, of St. Vincent's Hospital, Dublin, has at present under his care an instance of the above rare disease. The patient is a woman, aged 42, who first noticed the affection about two years ago. The forearms and front of the thighs and legs are the parts affected, the color resembling the upper surface of the turbot, and divided in quadrilateral masses; the cuticle can be removed in plates about two lines in thickness, leaving a raw abraded surface exposed. There is abnormal dulness of the cardiac region, owing evidently to hypertrophy of the heart, arising from the checking of secretion and irregularity of circulation in the cutaneous vessels. The disease is, of course, incurable; but Dr. Mapother's patient has obtained relief by using daily tepid baths containing six ounces of washing soda, and inunction with equal parts of glycerine and cod-liver oil.—*Brit. Med. Journ.*, June 21, 1873.

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The Temperature in Epilepsy and Hysteria.—Dr. Bourneville states (*Le Mouvement Médical*, No. 11) that he has satisfied himself, from observations taken in the Salpêtrière and St. Louis Hospitals, that during an attack of epilepsy the temperature augments; so also in attacks of epileptiform hysteria the temperature rises; on the contrary, in attacks of pure hysteria there does not appear to be any increase. He thinks that by this means it is possible to discover an attack of true from feigned epilepsy. Where epilepsy is simulated, the attacks are always the most severe possible, yet the temperature does not rise above the physiological degree; but when the real

attacks are severe, the temperature not only rises during the fit, but remains above the normal for several hours.—*The Practitioner*, July, 1873.

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Wet-nursing.—The average mortality of infants one year old throughout France is 18 per 1000. In the ten departments which chiefly receive *les petits Parisiens*, the infants whom fashion and morality in France consign to rural wet-nurses, the mortality is 51.68 per 100. In the department of la Creuse, where the people marry early and mothers nurse their own children, the mortality is 12 per cent.; in that department (spite much emigration) the births exceed the deaths; in all the others the deaths exceed the births; and a gradual depopulation is proceeding in France which excites the liveliest apprehension of the government.—*Brit. Med. Journal*, May 17, 1873.

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Cost of an Epidemic.—The *London Medical Record* (April 16, 1873) states that the late smallpox epidemic cost Dublin at least 35,000*l.*

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Hospital Sunday.—The *Lancet* for June 21 contains the following paragraph:—

"The brilliant success of the Hospital Sunday amongst ourselves has led us to think of its applicability to the United States. There can be little doubt that there it would be even more successful than here. We give our friends across the Atlantic the idea for what it is worth; they are better judges than we can be. But having regard to the American character, its liberality and its openness to appeals from the pulpit in behalf of any really worthy object, we can imagine no objection to a Hospital Sunday for the United States. Perhaps, indeed, as we have said, they might surpass us in their success. The rate of wages there, too, may make hospitals and dispensaries less necessary to a large number of the population than with us. But still, as medical men, we know that there are great hospitals in America in which good medical work is done, and, despite the wealth of the States, there must be a great number of "strangers within the gates," and others, to whom the hospitals are a great boon; and if there is any serious difficulty in meeting their expenses a Hospital Sunday would doubtless remove it in a very splendid way."

We cordially commend the above to the earnest consideration of the authorities of the congregations of every sect, and urge them to give life upon our own soil to this grandly benevolent movement. The existence in our large cities of sectarian hospitals would, probably, be urged as a reason for the sects supporting them not joining in the general movement, but, as every hospital should participate in the fund according to its annual expenditure, after deducting the income derived from endowments and legacies, this objection ought not to prove a barrier to the general adoption of a Hospital Sunday.

Hospital Sunday (June 15th) in London has just netted over 130,000 dollars, and in Birmingham, Manchester, and Liverpool, proportionately large sums. Our hospitals are greatly in need of money to maintain and extend their usefulness to the unfortunate poor, and we cannot conceive of a more effective way of supplying them with the sinews of usefulness than by a direct appeal to the instinctive charity of the people through a Hospital Sunday, and we hope that ere long we may hear of a collection being taken up for this noble object in every place of worship and in every workshop throughout the country.

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Obituary Record.—Died, at Berlin, on the 16th of June, Moritz Romberg, aged 77. Prof. Romberg was born in Meiningen, and graduated at the University of Berlin in 1817. In 1838 he was appointed an extra-ordinary professor, and in 1845 ordinary professor, in the University of Berlin. His famous work on "Diseases of the Human System" was published in 1840–1846, and was translated into English. He was also the author of treatises on cholera, on respiratory paralysis, and of various contributions to periodicals. For some years before his death he suffered from heart disease, and to which he finally succumbed.

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Since the publication of the Third Edition of this work, in October, 1868, the advances made in many departments of practical medicine have seemed to call for a thorough revision. In the performance of this duty the Author has sought to introduce the results of his continued clinical studies, together with the latest contributions to medical literature, both in Europe and this country, without changing the character of the volume as a condensed text-book and work of reference. This has required the rewriting of some portions, as well as numerous additions throughout, but more especially in the Section devoted to Diseases of the Nervous System, causing an increase in the text of about seventy pages.

To accomplish this has required no little labor, and in return the Author hopes for the satisfaction derivable from a continuance of the favor with which the work has hitherto been received by the profession.

NEW YORK, *April*, 1873.

By the common consent of the American and English medical press, this work has been assigned to the highest position as a complete and compendious text-book on the most advanced condition of medical science. Notwithstanding its increased size, it has been maintained at its very moderate price, rendering it in all respects one of the cheapest works now before the profession.

No words that we could add would increase the favor with which it has hitherto been received by the profession. The present edition has been rewritten in some parts, and some additions have been made, especially on diseases of the nervous system, but the size of the volume has been increased only about seventy pages. It is still, as heretofore, the most compact, yet comprehensive, text-book on medicine in the English language.—*Canada Lancet*, July, 1873.

Ever since the first edition was placed before the profession, in 1868, it has continued to rank as the leading American text-book.—*Chicago Med. Examiner*, July, 1873.

The reputation of "Flint's Practice" is well established, both in Great Britain and America, and there is no higher authority in our language, or, indeed, in any other, as a standard of medical theory and practice.—*Pacific Med. and Surg. Journ.*, July, 1873.

Flint's Practice of Medicine has become so fixed in its position as an American text-book that little need be said beyond the announcement of a new edition. It may, however, be proper to say that the author has improved the occasion to introduce the latest contributions of medical literature, together with the results of his own continued clinical observations. Not so extended as many of the standard works on practice, it still is sufficiently complete for all ordinary reference, and we do not know of a more convenient work for the busy general practitioner.—*Cincinnati Lancet and Observer*, June, 1873.

Since the publication of the third edition of this work the advances made in many of the departments of medicine necessitated a careful revision of it to place it where it is now, upon the highest vantage ground of authority in the clinical history and treatment of diseases. The great characteristics of this work are, its scientific accuracy and research, combined with astonishing succinctness, terseness, and simplicity of style. The student and practitioner, in referring to it in doubt and perplexity, will find the subject treated thoroughly and practically in a few pages. The work should be in every physician's library.—*Virginia Clinical Record*, June, 1873.

It is of course unnecessary either to introduce or eulogize this now standard treatise. All the colleges recommend it as a text-book, and there are few libraries in which one of its editions is not to be found.—*Chicago Med. Journal*, June, 1873.

Its excellence has been generally admitted; each edition has given more and more evidence of the care with which its author records facts observed in his extensive clinical experience; and the present fills a hiatus in the original plan of the work, which renders the present issue the most complete and perfect of any similar book in the English language. Without detracting from the merits of other works, we unhesitatingly say that no medical library can be considered complete without a copy of "Flint's Practice," any more than could a law library in California be thought complete without a copy of the Statutes of the State. It is indispensable to both practitioner and student, and we are glad to record that it has been adopted by a large majority of our educational institutions throughout the Union, as a text-book.—*Western Lancet* (San Francisco), July, 1873.

HENRY C. LEA—Philadelphia.